

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

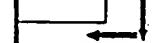
CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
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10	1					
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TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS



TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

